

# AUTO CR - LOG SUMMARY #1076131

TYPE: INFO

## Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that officers responded to a mental call. It is reported that the subject, [REDACTED] was combative and refused to follow verbal commands. After several failed attempts to gain control of [REDACTED] deployed his taser to subdue [REDACTED]	(None Entered)		

## Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	RAMIREZ, EDWARD M1187	[REDACTED]	004 /	SERGEANT OF POLICE	M	S		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
13-JUL-2015 09:39 - 13-JUL-2015 09:39	[REDACTED]	IL0424	004	090 - APARTMENT	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation

## Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Victim/Subject	[REDACTED]				M	VWH	[REDACTED]	
CPD Employee	Involved Member	MEROLA, DOMINIC R 7221	[REDACTED]	004 /	POLICE OFFICER	M	S	[REDACTED]	

## Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship

## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:		Civil Suit Settled Date:	
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		
Notification Comments:			

## Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	N	Y
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

## Investigator History

## Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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## Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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## Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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## Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	17-SEP-2015 02:40	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	No allegations of misconduct
CLOSED AT C.O.P.A.	17-SEP-2015 02:37	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
PENDING ASSIGN TEAM	14-JUL-2015 01:12	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	14-JUL-2015 11:20	WHITE, LAKENYA	INTAKE AIDE	113 /	
PRELIMINARY	14-JUL-2015 11:17	WHITE, LAKENYA	INTAKE AIDE	113 /	
PRELIMINARY	14-JUL-2015 12:11	MOLESKY, KENNETH	POLICE OFFICER	005 / 116	Initiated by Sgt. Ramirez

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					MOLESKY, KENNETH	14-JUL-2015 12:11			
	DOCUMENTS - INTAKE INCIDENT		2		N	WHITE, LAKENYA	14-JUL-2015 11:17	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2		N	WHITE, LAKENYA	14-JUL-2015 11:18	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1		N	WHITE, LAKENYA	14-JUL-2015 11:18	APPROVED		

## Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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## Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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## Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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## Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments

## Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments

# FACE SHEET (Notification Date: 14-JUL-2015) - LOG #1076131

TYPE: INFO

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	RAMIREZ, EDWARD M1187	[REDACTED]	004 /	SERGEANT OF POLICE	M	S			

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
13-JUL-2015 09:39 - 13-JUL-2015 09:39	[REDACTED]	004		090 - APARTMENT	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation

## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

## Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	N
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

## Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	14-JUL-2015 00:11	MOLESKY, KENNETH	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	17-SEP-2015 02:40	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	No allegations of misconduct
CLOSED AT C.O.P.A.	17-SEP-2015 02:37	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
PENDING ASSIGN TEAM	14-JUL-2015 01:12	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
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PRELIMINARY	14-JUL-2015 11:17	WHITE, LAKENYA	INTAKE AIDE	113 /	
PRELIMINARY	14-JUL-2015 12:11	MOLESKY, KENNETH	POLICE OFFICER	005 / 116	Initiated by Sgt. Ramirez

CHICAGO POLICE DEPARTMENT  
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653  
(For use by Chicago Police Department Personnel Only)  
CPD-11.388(6/03)-C

RD #:

EVENT #:

Case ID:

INCIDENT

**CLOSED NON-CRIMINAL**

IUCR: 5079 - Non-Criminal - Mental Health Transport

Occurrence

Beat: 0424

Unit Assigned: 0424

Location:

RO Arrival Date: 13 July 2015 21:22

290 - Residence

Occurrence Date: 13 July 2015 21:18

<b>VICTIM - Individual</b>		<b>Police Officer</b>
Name:  Res:	Beat: 0434  Beat: 5100	<b>Demographics</b>  Age: Years
Sobriety: Sober		
<b>VICTIM - Individual</b>		<b>Police Officer</b>
Name:  Res:	Beat: 0434  Beat: 5100	<b>Demographics</b>  Age: Years
Sobriety: Sober		
<b>VICTIM - Individual</b>		<b>Police Officer</b>
Name:  Res:	Beat: 0424  Beat: 5100	<b>Demographics</b>  Male DOB: White Hispanic Age: 35 Years 5'08, 205 lbs Black Hair Short Hair Style Olive Complexion
Sobriety: Unknown		
<b>VICTIM - Individual</b>		<b>Police Officer</b>
Name:  Res:	Beat: 0434	<b>Demographics</b>  Age: Years
Sobriety: Sober		
<b>Other Communications and Availability</b>		
Residence		
Phone:		

<b>INJURIES</b>	<b>Injury Info (BICKETT, Eric - Victim)</b>		
	Injury Extent:	Minor	
<b>Injury Info (REARDON, Michael - Victim)</b>			
	Injury Extent:	Minor	
	Hospital:	Jackson Park	
	Physician Name:	DNA	
	<b>Type</b>	<b>Weapon Used</b>	<b>Other Weapon Used</b>
Other	Hand/Feet/Teeth/Etc.	Other - Closed Fist	
Laceration	Hand/Feet/Teeth/Etc.	Other - Hand	
Other	Other	Other - Taser	

**DOMESTIC INFO**

[REDACTED]

**NARRATIVE**

EVENT # [REDACTED] IN SUMMARY WHILE WORKING ROUTINE PARTROL BEAT 471 RESPONDED TO A MENTAL CALL VIA OEMC. UPON ARRIVAL OFFICERS WERE MET BY A FAMILY MEMBER OF [REDACTED] (VICTIM). THE FAMILY MEMBER ASKED [REDACTED] TO EXIT THE REAR BEDROOM AT WHICH TIME HE REFUSED. THE FAMILY MEMBER THEN TURNED THE LIGHTS ON AND OFFICER M [REDACTED] (VICTIM) THEN ASKED [REDACTED] TO EXIT THE ROOM SO THEY COULD SPEAK. IT WAS AT THIS TIME R [REDACTED] WHO IS SUFFERING FROM SCHIZOPHRENIA, TOLD REARDON TO "FUCK OFF" AND JUMPED UP FROM HIS BED AND PUNCHED REARDON IN THE FACE WHICH CAUSED HIS NOSE TO BLEED. A PHYSICAL STRUGGLE BEGAN BETWEEN RAMIREZ AND REARDON. REARDON THEN CALLED FOR MORE UNITS TO ASSIST. OFFICER ERIC BICKETT (VICTIM) THEN ATTEMPTED TO GAIN PHYSICAL CONTROL AT WHICH TIME [REDACTED] REACHED OUT AND GRABBED THE INSIDE OF BICKETT'S MOUTH CAUSING LACERATIONS. REARDON THEN DEPLOYED HIS OC SPRAY WHICH HAD NO EFFECT ON [REDACTED]. THE OFFICERS CONTINUED TO USE FORCE NECESSARY TO GAIN CONTROL OVER [REDACTED]. BEAT 406C ARRIVED AT APPROXIMATELY 2139 HOURS. [REDACTED] CONTINUED TO DISREGARD VERBAL COMMANDS AND CONTINUOUSLY SWUNG HIS ARMS AND LEGS ATTEMPTING TO INJURE ALL OFFICERS ON SCENE. OFFICER MEROLA DEPLOYED HIS TASER TO EFFECTIVELY DETAIN [REDACTED]. BEAT 423 ARRIVED ON SCENE TO ASSIST AT WHICH TIME OFFICER MONTES GOT KICKED IN THE HAND AND ARM. MONTES THEN GAVE AN OPEN HANDED STRIKE TO [REDACTED] LEG TO PREVENT FURTHER INJURY TO SELF. OFFICERS WERE THEN ABLE TO PLACE R [REDACTED] IN HANDCUFFS AND REMOVE HIM FROM HIS RESIDENCE. BEAT 406B TRANSPORTED RAMIREZ TO JACKSON PARK HOSPITAL WHERE HIS FAMILY MEMBERS SIGNED HIM FOR A MENTAL HEALTH EVALUATION. OFFICER REARDON AND OFFICER BICKETT RECEIVED MEDICAL ATTENTION ON SCENE VIA AMBULANCE CFD 9.SGT RAMIREZ # 1307 BEAT 406 ON SCENE. ET ORDERED AT 2215 HOURS.

- STAR#: 7221 NAME: DOMINIC MEROLA BEAT: 0406C
- STAR#: 15460 NAME: DAVID MARINEZ BEAT: 0406C
- STAR#: 14488 NAME: BRIAN HEALY BEAT: 0406B
- STAR#: 13825 NAME: MATTHEW KOZLOWSKI BEAT: 0406B
- STAR#: 5589 NAME: CHERI ALANIZ BEAT: 0424
- STAR#: 7891 NAME: DEBRA KILLEEN BEAT: 0424

<b>PERSONNEL</b>	Star No	Emp No	Name	User	Date	Unit	Beat
Approving Supervisor	2371	[REDACTED]	WALKER, Robert, E	[REDACTED]	13 Jul 2015 23:39	004	
Reporting Officer	5589	[REDACTED]	ALANIZ, Cheri, L	[REDACTED]	13 Jul 2015 23:30	004	0424

# TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED  SUBJECT INFORMATION  REASON FOR USE OF FORCE (Check all that apply)	1. DATE OF INCIDENT <b>13-JUL-2015</b>	TIME <b>21:43:00</b>	2. ADDRESS OF OCCURRENCE [REDACTED]	3. LOCATION CODE <b>090</b>	4. BEAT/OCCUR <b>0424</b>						
	5. POSITION <b>9161</b>	6. LAST NAME <b>MEROLA</b>	7. FIRST NAME <b>DOMINIC R</b>	8. STAR NO. <b>7221</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>S</b>	11. AGE [REDACTED]	12. HT. <b>602</b>	13. WT. <b>200</b>		
	14. DATE OF APPT. <b>30-APR-2001</b>	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT <b>004   0406C</b>	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
	20. LAST NAME [REDACTED]	21. FIRST NAME [REDACTED]	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>WWH</b>	25. D.O.B. [REDACTED]	26. HT. <b>508</b>	27. WT. <b>205</b>			
	28. TELEPHONE NO. [REDACTED]	29. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	30. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence							
	32. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>JACKSON PARK HOSPITAL FOUNDATION M</b>	33. BY WHOM? <b>RAVI</b>	34. CONDITION <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	35. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	36. CHARGES PLACED [REDACTED]	37. CB NO. [REDACTED]	IR NO. [REDACTED]	DNA			
	38. DNA	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE	
	MEMBER'S RESPONSE	SUBJECT'S ACTIONS		FLED <input type="checkbox"/>	<input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input type="checkbox"/>	<input type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	<input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>	<input type="checkbox"/>
		STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>	<input type="checkbox"/>	WEAPON <input type="checkbox"/>	<input type="checkbox"/>
		OTHER _____		OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>
MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>	<input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	<input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	<input type="checkbox"/>	FIREARM <input type="checkbox"/>	<input type="checkbox"/>		
VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	<input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	<input type="checkbox"/>	KICKS <input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>		
ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>	<input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	<input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input checked="" type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OTHER _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39. DNA	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) <b>C6200ANEY</b>			40. ADDITIONAL INFORMATION <b>R/O OBSERVED A SUBJECT RESIST ARREST AND BATTER P.O REARDON #12947</b>							
WEAPON DISCHARGE INCIDENT	POSITION	STAR NO.	UNIT								
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN	04 SEMI-AUTO PISTOL <input type="checkbox"/> <input checked="" type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS <b>RAIN</b>						
	45. MAKE/MANUFACTURER	46. MODEL	47. BARREL LENGTH	48. CALIBER/GAUGE							
	49. TASER DART ID NO. <b>C6200ANEY</b>	50. WEAPON SERIAL NO. (Include Letters) <b>X30001T12</b>	51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID. NO.	53. HANDGUN CERTIFICATE NO.						
	54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. <b>1</b>	58. TOTAL NO. OF SHOTS MEMBER FIRED						
	59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO OF CARTRIDGES/SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)							
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO								
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.									
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)									
	70. EVENT NO. [REDACTED]										
71. RD NO. [REDACTED]											
72. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input checked="" type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.										
SIGNATURES	73. REPORTING MEMBER (Print Name) <b>MEROLA, DOMINIC R</b> <b>13-JUL-2015 23:51:33</b>										
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.										
	74. REVIEWING SUPERVISOR (Print Name) <b>RAMIREZ, EDWARD M</b>			STAR NO. <b>1307</b>	SIGNATURE [REDACTED]	DATE REVIEWED <b>13-JUL-2015 23:57:07</b>	TIME <b>23:57:07</b>				

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE       DNA       REFUSED       INTERVIEW NOT CONDUCTED (Specify Reason)

The Subject has been admitted to the [REDACTED] Hospital mental health facility for further observation and treatment by [REDACTED]

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

The Officer's response to the Assailant was in compliance with Department Use of Force Policy and Directives. A Complaint Log Number was obtained pursuant to General Order as a result of Officer Merola's Taser Probe Discharge.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS  
WERE IN COMPLIANCE WITH DEPARTMENT  
PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/CRNO. 1076131 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

RICHARDS, MAURICE V

SIGNATURE

DATE COMPLETED

TIME

14-JUL-2015 00:16:42

79. TOTAL TRR's THIS EVENT No.

4


**EVIDENCE SYNC™**
**TASER Information**

**Serial** X30001T12  
**Model** TASER X2  
**Firmware Version** Rev. 04.010  
**Application Version** 3.13.4  
**Health** Good

**Offline Report**

**Local Timezone** Central Daylight Time (UTC -05:00)  
**Generated On** 13 Jul 2015 23:34:34

**Dates from : Sun Jul 12 15:00:00 2015 to : Tue Jul 14 00:00:00 2015**  
**Device (X2)**

Seq #	Local Time [DD:MM:YYYY hh:mm:ss]	Event [Event Type]	Cartridge Info [Bay: length in feet/status]	Duration (Seconds)	Temp [Degrees Celsius]	Batt Remaining [%]
924	13 Jul 2015 16:04:37	Armed	C1: 25' Standard C2: 25' Standard		29	71
925	13 Jul 2015 16:04:40	Safe	C1: 25' Standard C2: 25' Standard	3	29	71
926	13 Jul 2015 21:40:23	Armed	C1: 25' Standard C2: 25' Standard		27	71
927	13 Jul 2015 21:40:34	Trigger	C1: Deployed	5		71
928	13 Jul 2015 21:42:44	Safe	C1: Deployed C2: 25' Standard	141	34	70
929	13 Jul 2015 23:32:40	USB Connected				
930	13 Jul 2015 23:32:39	Time Sync	13 Jul 2015 23:32:41 to 13 Jul 2015 23:32:39			